

**EXHIBIT "D"****UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME &amp; PHONE OF CONTACT AT FILER [optional]

Tracey Larsen, Phone: 865-220-2021 x1033

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Southeast Community Capital Corporation  
 ATTN: Tracey Larsen  
 1020 Commerce Park Drive  
 Suite L  
 Oak Ridge, TN 37830

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 TENNESSEE SECRETARY OF STATE  
 02/20/07 03:46 PM  
 307-111665

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - Insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME <b>Cruzin' Machine</b>		1b. INDIVIDUAL'S LAST NAME			FIRST NAME	MIDDLE NAME		SUFFIX
OR								
1c. MAILING ADDRESS 126 Elvin Hill Rd					CITY <b>Maynardville</b>	STATE <b>TN</b>	POSTAL CODE <b>37807</b>	COUNTRY <b>USA</b>
1d. TAX ID #: SSN OR EIN XXX-XX-2889		ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION		1g. ORGANIZATIONAL ID #, if any		
						<input type="checkbox"/> NONE		

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME		2b. INDIVIDUAL'S LAST NAME			FIRST NAME	MIDDLE NAME		SUFFIX
OR					<b>Kruse</b>	<b>G</b>		
2c. MAILING ADDRESS 126 Elvin Hill Rd					CITY <b>Maynardville</b>	STATE <b>TN</b>	POSTAL CODE <b>37807</b>	COUNTRY <b>USA</b>
2d. TAX ID #: SSN OR EIN XXX-XX-2889		ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION		2g. ORGANIZATIONAL ID #, if any		
						<input type="checkbox"/> NONE		

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - Insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME <b>Southeast Community Capital Corporation</b>		3b. INDIVIDUAL'S LAST NAME			FIRST NAME	MIDDLE NAME		SUFFIX
OR								
3c. MAILING ADDRESS 806 South Sixth Street					CITY <b>Nashville</b>	STATE <b>TN</b>	POSTAL CODE <b>37206</b>	COUNTRY <b>USA</b>

4. This FINANCING STATEMENT covers the following collateral:

- (a) A first lien on all business assets of the Borrower including but not limited to, accounts receivable, contracts, chattel paper, contract rights, documents, trademarks, patents, instruments, proceeds, finished inventory, work-in-progress, raw material, raw inventory, general intangibles, furniture, fixtures, and equipment of every description and kind, whether now owned or hereafter acquired. This security interest shall be documented via a perfected National Financing Statement (Form UCC1).
- (b) A first lien on Borrower's 1992 Ford E250 Cargo Van (VIN: 1FTFE24H5NHA44642). This security interest shall be documented via a perfected certificate of title and/or other instrument.
- (c) A third lien on Borrower's primary residence located at 126 Elvin Hill Rd, Maynardville, TN 37807 (Union County TN). This security interest shall be documented via a perfected Deed of Trust.

Indebtedness tax paid via instrument number 07000409 filed with Union County Register of Deeds.

Maximum principal indebtedness for Tennessee recording tax purposes is \$ 56,000.00

5. ALTERNATIVE DESIGNATION [if applicable]:	LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC FILING
6. <input checked="" type="checkbox"/> THIS FINANCING STATEMENT is to be filed [or record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum	if applicable	7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (optional)		All Debtors	Debtor 1	Debtor 2
8. OPTIONAL FILER REFERENCE DATA						

1071-01, 1071-02, and 1071-03